State of Hawaii
COMMISSION ON WATER RESOURCE MANAGEMENT
Department of Land and Natural Resources

WELL COMPLETION REPORT - PART I
Well Construction

For Official Use Only:

Instructions: Please print in ink or type and send completed report (with attachments, if applicable) to the Commission on Water Resource Management, P.O. Box 621, Honolulu, Hawaii 96809. The Commission may not accept incomplete reports. This form shall be submitted within 60 days of the completion of work. For assistance, please consult the Hawaii Well Construction and Pump Installation Standards or call the Regulation Branch at **587-0225**. For updates to this form or additional information, please visit our website at http://www.state.hi.us/dlnr/cwrm/

1. State Well No.: _____ Well Name: _____ Island: _____
2. Address: _____ Tax Map Key: _____
3. Drilling Company: _____
4. Drilling method used during contruction: ☐ Rotary ☐ Percussion ☐ Other (describe)
5. Date Well Construction (drilled,cased,grouted) completed: _____ (month/day/year) **Fill out attached Driller's Log**

   In addition to the driller's log, if a geologic log was prepared, please submit with this form.
6. Was the subject well cored? ☐ Yes ☐ No
7. Initial water-level encountered _____ ft. below ground Date and time of measurement: _____ (month/day/year time)
8. Step-Drawdown Test completed? ☐ No ☐ Yes **Attach Step-Drawdown Test form (*12/17/97 SDPTD Form*)**
9. Constant Rate Aquifer Test completed? ☐ No ☐ Yes **Attach Constant Rate Aquifer Test form (*12/17/97 CRPTD Form*)**

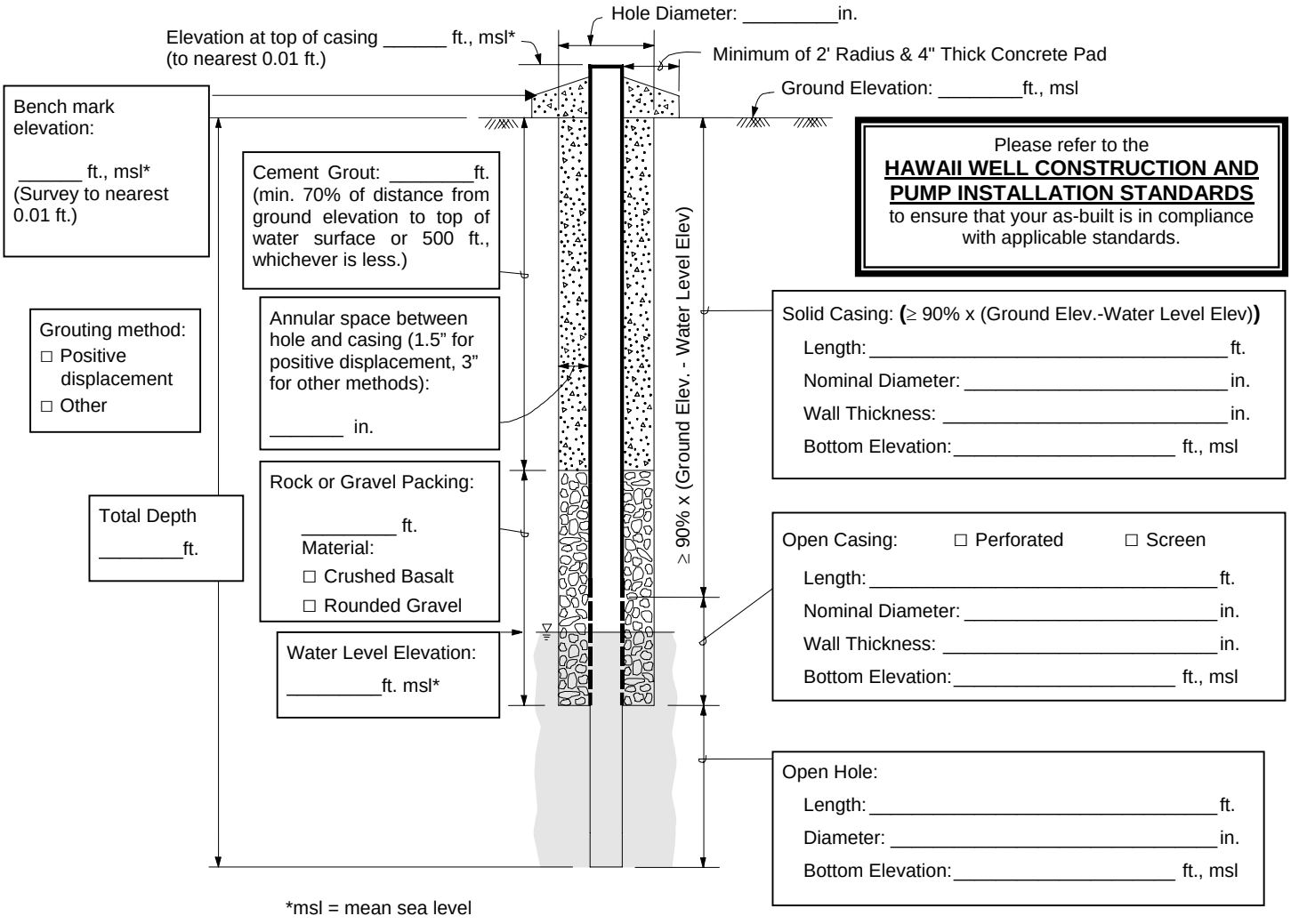
Parameters prior to pump test:

10. Water-level: _____ ft. above msl Date and time of measurement: _____ (month/day/year time)
11. Chloride: _____ ppm Date and time of sampling: _____ (month/day/year time)
12. Temperature: _____ °F Date and time of measurement: _____ (month/day/year time)
13. **Fill in the as-built section on the other side of this sheet.**
14. **Attach photograph of well and concrete pad showing benchmark on concrete pad.**
15. **Fill in attached surveyor's report.**
16. If a pump is not planned to be installed, please describe (below in the remarks section) how well is secured to prevent unauthorized access (example: lockable cover, threaded coupling, etc.)
17. Remarks: _____

Licensed Driller (print) _____ C-57 Lic. No. _____

Signature _____ Date _____

13. AS-BUILT WELL SECTION *(Please attach as-built if different from diagram provided below)*



*msl = mean sea level

Solid Casing Material:

Carbon Steel: compliant with (*check one or more*): ☐ ANSI/AWWA C200 ☐ API Spec. 5L ☐ ASTM A53 ☐ ASTM A139
And compliant with (*check one or more*): ☐ ASTM A242 or A606 ☐ Type E ☐ Type S ☐ Grade B ☐ Other
Stainless Steel: (*check one*): ☐ ASTM A409 (production wells) ☐ ASTM A312 (monitor wells)
ABS Plastic conforming to ASTM F480 and ASTM D1527: (*check one*) ☐ Schedule 40 ☐ Schedule 80
PVC Plastic conforming to ASTM F480 and (ASTM D1785 or ASTM D2241): (*check one*): ☐ Schedule 40 ☐ Schedule 80 ☐ Schedule 120
Thermoset Plastic: (*check one*)
☐ Filament Wound Resin Pipe conforming to ASTM D2996
☐ Centrifugally Cast Resin Pipe conforming to ASTM D2997
☐ Reinforced Plastic Mortar Pressure Pipe conforming to ASTM D3517
☐ Glass Fiber Reinforced Resin Pressure Pipe conforming to AWWA C950
☐ PTFE Fluorocarbon Tubing conforming to ASTM D3296
☐ FEP Fluorocarbon Tubing conforming to ASTM D3296

Open Casing Material:

Carbon Steel: compliant with (*check one or more*): ☐ ANSI/AWWA C200 ☐ API Spec. 5L ☐ ASTM A53 ☐ ASTM A139
And compliant with (*check one or more*): ☐ ASTM A242 or A606 ☐ Type E ☐ Type S ☐ Grade B ☐ Other
Stainless Steel: (*check one*): ☐ ASTM A409 (production wells) ☐ ASTM A312 (monitor wells)
ABS Plastic conforming to ASTM F480 and ASTM D1527: (*check one*) ☐ Schedule 40 ☐ Schedule 80
PVC Plastic conforming to ASTM F480 and (ASTM D1785 or ASTM D2241): (*check one*): ☐ Schedule 40 ☐ Schedule 80 ☐ Schedule 120
Thermoset Plastic: (*check one*)
☐ Filament Wound Resin Pipe conforming to ASTM D2996
☐ Centrifugally Cast Resin Pipe conforming to ASTM D2997
☐ Reinforced Plastic Mortar Pressure Pipe conforming to ASTM D3517
☐ Glass Fiber Reinforced Resin Pressure Pipe conforming to AWWA C950
☐ PTFE Fluorocarbon Tubing conforming to ASTM D3296
☐ FEP Fluorocarbon Tubing conforming to ASTM D3296

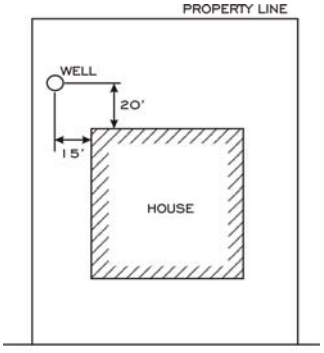
DRILLER'S LOG

WELL NUMBER: ________________

Depths (ft.)	Rock Description, Water Level,etc.	Dates	Depths (ft.)	Rock Description, Water Level, etc.	Dates
______ to ______	____________________________	_________	______ to ______	____________________________	_________
______ to ______	____________________________	_________	______ to ______	____________________________	_________
______ to ______	____________________________	_________	______ to ______	____________________________	_________
______ to ______	____________________________	_________	______ to ______	____________________________	_________
______ to ______	____________________________	_________	______ to ______	____________________________	_________
______ to ______	____________________________	_________	______ to ______	____________________________	_________
______ to ______	____________________________	_________	______ to ______	____________________________	_________
______ to ______	____________________________	_________	______ to ______	____________________________	_________
______ to ______	____________________________	_________	______ to ______	____________________________	_________
______ to ______	____________________________	_________	______ to ______	____________________________	_________
______ to ______	____________________________	_________	______ to ______	____________________________	_________
______ to ______	____________________________	_________	______ to ______	____________________________	_________
______ to ______	____________________________	_________	______ to ______	____________________________	_________
______ to ______	____________________________	_________	______ to ______	____________________________	_________
______ to ______	____________________________	_________	______ to ______	____________________________	_________
______ to ______	____________________________	_________	______ to ______	____________________________	_________
______ to ______	____________________________	_________	______ to ______	____________________________	_________
______ to ______	____________________________	_________	______ to ______	____________________________	_________

Remarks:

EXAMPLE



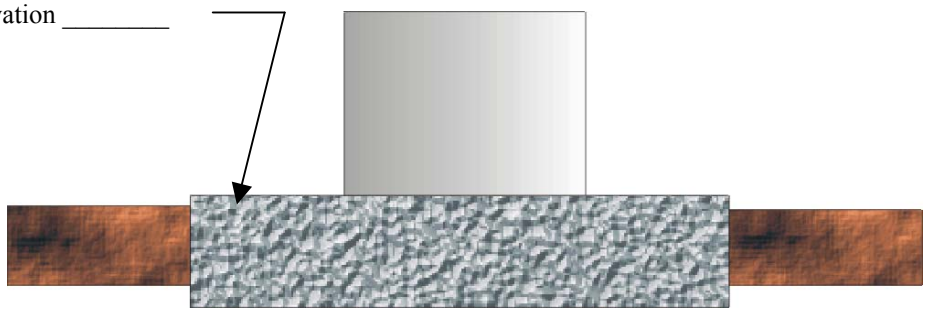
Attach photos of completed well and concrete pad

SKETCH OF WELL LOCATION

(Referenced to permanent landmark, i.e. building, road, fence, etc.)

Well Elevation

Benchmark Elevation _____



Attach photos of completed well and concrete pad showing benchmark location.

I certify that the elevation shown above:

1) Was done in accordance with acceptable surveying practices
2) Is accurate to the nearest 0.01 ft.
3) Is referenced to mean sea level

Surveyor	License No.	Date